



Republic of the Philippines  
OFFICE OF THE PRESIDENT  
COMMISSION ON HIGHER EDUCATION

CHED MEMORANDUM ORDER (CMO)

No. 10

Series of 2006

**SUBJECT: POLICIES, STANDARDS AND GUIDELINES FOR  
FOR MEDICAL EDUCATION**

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In accordance with the pertinent provisions of Republic Act No. 7722, otherwise known as the "Higher Education Act of 1994" and for the purpose of rationalizing the Medical Education in the Country with the end in view of keeping pace with the demands of global competitiveness, the following policies and standards for Medical Education are hereby adopted and promulgated by the Commission, thus:

**ARTICLE I  
INTRODUCTION**

Section 1. The main purpose of basic medical education is to produce physicians and thereby satisfy the health human resource needs of the country.

It shall:

- 1) provide students with the knowledge, skills, and attitudes in consonance with the concept of a primary care physician;
- 2) prepare medical students for post-graduate study, research, teaching and specialty training;
- 3) inculcate in the students an appreciation of the use of community and indigenous resources to promote health;
- 4) promote the integration of health services into the training of medical students; and
- 5) develop in the students such habits and attitudes that will enable them to engage in lifetime continuing medical

education responsive to changing needs and developments.

The graduate shall, furthermore, be capable of embarking on further training in any field of medicine, including research, teaching, community development and administration.

## ARTICLE II AUTHORITY TO OPERATE

Section 2. All private higher education institutions (PHEIs) intending to offer the Doctor of medicine program must first secure proper authority from the Commission in accordance with the existing rules and regulations. State universities and colleges (SUCs), and local colleges and universities should likewise strictly adhere to the provisions in this policies, standards and guidelines.

## ARTICLE III PROGRAM SPECIFICATIONS

Section 3. Graduate of this program is conferred the degree of Doctor of Medicine (M.D.)

Section 4. **Program Objectives:**

To produce physicians for the Philippine health Care System. The graduate of the Doctor of Medicine (M.D.) program is a primary physician who can go into the different types of medical practice or undergo further training and become a medical specialist.

The graduates of basic medical education may assume the any of the following roles:

- Health care provider
- Teacher /academician
- Researcher
- Administrator/manager
- Social mobilizer

**ARTICLE IV**  
**COMPETENCY STANDARDS**

Section 5. The terminal competencies for medical graduates based on the professional roles are:

I. Health Care Provider

1. Given an emergency situation outside the hospital, the medical graduate utilizing holistic approach and critical thinking, shall be able to:
  - a. Recognize an emergency (life-threatening) situation identifying the cause of the problem.
  - b. Apply first aid/emergency measures.
  - c. Transport the patient properly to the emergency hospital.
  
2. Given an emergency situation in a hospital emergency room, the medical graduate utilizing holistic approach and critical thinking shall be able to:
  - a. Recognize an emergency condition, identifying the cause of the problem.
  - b. Apply initial corrective measures.
  - c. Refer the case to consultant/resident for definitive measures
  
3. Given a non-emergency condition/situation in the hospital ward, ambulatory clinic (hospital, community) or domiciliary situation, the graduate utilizing holistic approach and critical thinking, shall be able to:
  - a. Arrive at the most probable diagnosis.
  - b. Plan and/or implement the therapeutic management.
  - c. Assess progress of patient.
  - d. Refer patient or consult with expert or specialist.
  - e. Provide the patient and family with psychological/spiritual support.

- f. Educate the patient, family and community on how to prevent disease/recurrence of disease or prevent/delay complications.

## II. Health Educator-Communicator

1. Given a patient and his/her family in a clinical encounter, the medical graduate utilizing holistic and critical thinking, shall be able to:
  - a. Determine baseline knowledge and attitude of patients/families about the problem/condition.
  - b. Address issues/concerns to be resolved.
    - Reinforce positive knowledge and practices
    - Correct misconceptions
    - Bridge gaps in knowledge
  - c. Assess patients/families action.
  - d. Continuous monitoring on knowledge and practices after health education.
2. Given a population group in a community, the medical graduate utilizing holistic approach and critical thinking shall be able to:
  - a. Plan an educational activity for Barangay Health Workers, mothers, adolescents and other groups.
  - b. Implement the educational activity and evaluate the performance of the health workers.
  - c. Evaluate educational activity.
3. Given a group of students, the medical graduate utilizing holistic approach and critical thinking shall be able to:
  - a. Plan an instructional design for a module.
  - b. Implement the instructional design for a module.
  - c. Evaluate instructional design for a module.

### III. Decision-Maker/Researcher

1. Given a difficult to diagnose or treat patient, the medical graduate utilizing holistic approach and critical thinking shall be able to:
  - a. Formulate appropriate question.
  - b. Conduct literature search.
  - c. Critically appraise selected journal/article
  - d. Make clinical decision based on appraisal
  
2. Given a problem area or a research question, the medical graduate utilizing holistic approach and critical thinking shall be able to:
  - a. Formulate a research proposal.
  - b. Implement the research proposal.
  - c. Disseminate research result in an appropriate forum.

### IV. Administrator/Manager

1. Given a health care facility in the community, the medical graduate utilizing holistic approach and critical thinking shall be able to:
  - a. Plan and/or monitor operations of the health care facility.
  
2. Given an area to start a project in the community, the medical graduate utilizing holistic approach and critical thinking shall be able to:
  - a. Plan and market project.
  - b. Establish/organize project.
  - c. Operate /manage project.
  - d. Continuously monitor and evaluate project.

## V. Social Mobilizer

Given a community or population issue of concern, the medical graduate utilizing holistic approach and critical thinking shall be able to:

- a. Act as advocate of people empowerment and self-reliance.
- b. Get the people involved in the affairs of their own community
- c. Participate on community organization.
- d. Promote people participation in
  - Identifying and analyzing the problems of the community
  - Finding and developing solutions to the problems
  - Implementing the solutions to the problems
- e. Contribute to the building of partnerships and collaborations among different institutions, agencies and groups.

## ARTICLE V CURRICULUM

Section 6. The medical School may adopt a curriculum that is consistent with its Vision-Mission. The curriculum must however conform with the competency standards described in Article IV. The school may adopt a curricular design of its choice provided the minimum contents as enumerated in this Section are included.

The Medical curriculum shall be four years, the fourth year of which shall be a 12 months rotating clinical clerkship.

The curriculum may be any one or a combination but not limited to the following types:

- a. Subject-based;
- b. integrated, vertically and /or horizontally with little barriers among the component courses;
- c. Problem-based;
- d. Competency-based, student-centered and encourages self - directed learning;

e. Community-oriented

The minimum curricular content regardless of the curriculum design shall include the following:

- Human anatomy (including Gross and Microscopic Anatomy and Developmental Anatomy)
- Anesthesiology ( including Pain Management )
- Biochemistry, Molecular Biology, Genetics and Nutrition
- Legal and Forensic Medicine, Health Economics and Bioethics
- Internal Medicine
- Microbiology, Parasitology and Immunology
- Neurosciences ( basic and clinical)
- Obstetrics - Gynecology ( including Women's Health)
- Ophthalmology Otorhinolaryngology
- Pathology ( Clinical Anatomic)
- Pediatrics ( including child protection)
- Pharmacology and Therapeutics ( including Alternative Medicine
- Physical medicine and Rehabilitation
- Human Physiology
- Family and Community Medicine ( including preventive Medicine
- Behavioral medicine ( Psychiatry)
- Radiological Sciences ( including Imaging Modalities )
- Surgery
- Research and Clinical Epidemiology

**Section 7. Thesis/ research/ project requirements**

The medical school shall actively engage in research activities which must be supported by the administration through funding, providing requisite facilities, special privileges and other benefits for the faculty such as reduced teaching load, protected time and/or their equivalent.

The school shall inculcate in the students an attitude of inquiry and desire to test theory against scientific evidence.

The school shall require the students to do research. The student research outputs shall be widely disseminated by

means of publication and/or oral presentation. Faculty generated research must be submitted for publication in peer-reviewed local or international journals.

**Section 8. Internship** - Internship is the last phase of the basic training of the physician. It is a shared responsibility of the medical school and the hospital.

As embodied in the Medical Act of 1959, the Doctor of Medicine degree shall be given after the fourth year and postgraduate Internship continue to be a requirement before licensure.

The Association of Philippine Medical Colleges Foundation, Inc. shall exercise general supervision over the postgraduate internship program.

## ARTICLE VI OTHER REQUIREMENTS Program Administration

**Section 9. Academic Organization**

The program in medical education leading to the Doctor of Medicine (M.D.) degree shall be conducted in an environment that fosters intellectual challenge and spirit of inquiry as characterized by the community of scholars that constitutes a college/university. A medical school and its teaching hospital shall be incorporated as one under the Corporation Code, as a non-stock, non-profit corporation. When the school does not own its training hospital, it shall be required to enter into an affiliation arrangement with an accredited hospital in the same geographic area and shall be responsible for planning, controlling and monitoring/evaluation of the activities of its students therein.

A medical school shall be governed by its Board of Trustees/ Regents in accordance with its incorporation papers.



- The functions of the Board of Trustees/ Regents in addition to those provided by law are to approve the policies for the medical school and teaching hospital;
- to approve the budget for the medical school and its teaching hospital as submitted by the President/Chief Executive Officer(CEO) upon the recommendation of the Dean;
- to confirm the appointment or separation of administrative personnel and faculty members submitted by the President/CEO, upon the recommendation of the Dean;
- to approve the rules and regulations of the medical school and its teaching hospital as proposed by the President and the Dean.
- to insure the viability of the medical school.

➤ **DEAN**

- The medical school shall be under the immediate administration and supervision of a Dean, who acts as its Chief Academic Officer and who, by training and experience, is capable to interpret the prevailing standards in medical education and possesses sufficient authority to implement them.
- The Dean shall be appointed by the Board of Trustees/ Regents or by the President/CEO of the college or university.
- The tenure of the Dean shall be determined by the Board of Trustees/ Regents

➤ **Qualifications of a dean and department chair**

The qualities and qualifications of the Dean:

- must be a licensed doctor of medicine with a minimum teaching experience of five (5) years in a college of medicine and holds at least the rank of Assistant Professor;
- must have leadership qualities;
- must have experience in administrative positions; and

- must possess professional standing commensurate with the position
- Responsibilities of a dean and department chair

The duties and responsibilities of the Dean:

- to prepare and recommend the annual budget of the school for the consideration of the Board of Trustees;
- to recommend the appointment of the medical and teaching personnel of the medical school and its teaching hospital;
- to supervise the admission of students as recommended by the committee on admission which screens applicants based on criteria proposed by the faculty and approved by the Board of Trustees/Regents;
- to periodically review the curriculum and make the necessary recommendations for its improvement;
- to plan the organizational structure of the college of medicine and to recommend the appointment of the secretary of medical school and the other assistance that may be deemed needed for the consideration of the Board of Trustees;
- to approve assignments of the faculty members as recommended by the corresponding department heads/chairpersons;
- to recommend disciplinary actions on erring faculty members and other school personnel after observing the due process required by law;
- to promote faculty development;
- to initiate, upgrade and promote research, upgrade library and laboratory facilities;
- to establish scholarships and professorial chairs; and
- to secure/obtain endowments/grants and the like, for research and/or educational purposes.

The institution must implement an organizational structure of the academe that reflects the design of the curriculum in

order to efficiently implement the educational program and achieve the objectives of medical education.

It is recommended that academic units be organized in such manner as to assure integration of the curricular components.

An office of medical education is highly desirable for supervision and coordination of the implementation of the program.

The Department/Unit or Module Head shall hold the rank of at least Assistant Professor and shall have the following duties and responsibilities:

- to organize the unit/module towards the attainment of the objectives of medical education in accordance with the policies set by the Board of Trustees/Regents;
- to select the staff of the department/ unit/module and evaluate and recommend their appointment/promotion/ separation to the Dean based on set criteria;
- to coordinate and supervise all activities in the department/ unit/module including regular feedback on how the module is progressing and the content of correlates;
- to prepare the budget for the department/ unit/module for recommendation to the Dean;
- to review periodically or upgrade the curriculum and modules as well as teaching methods and evaluation techniques; and
- to encourage the faculty staff to participate in research activities.

Heads of clinical departments / units /departments shall preferably have the following additional responsibilities:

- to head the corresponding clinical department/services in its own teaching/affiliated hospital;

- to supervise the staff and student activities in the corresponding services of affiliated hospitals.

## Section 10. FACULTY

The medical school shall have a competent teaching staff. Appointment to the faculty shall be based on academic and professional qualifications, teaching ability and/or research potentials.

For authority to operate, a medical school shall submit a list of qualified faculty members in subjects they intend to teach.

- Nominations for faculty appointments shall originate from the concerned unit/department head and submitted to the Dean. The Dean subsequently transmits the necessary recommendation together with the proposed designation or rank of the appointee to the appointing authority. In the absence of duly constituted departments, the Dean will nominate and directly recommend faculty members for appointment
- Recommendations for promotion of faculty members shall be based on: teaching ability, research productivity, academic and professional development/ potentials, dedication/ commitment to duty and responsibility, abiding interest in work, moral integrity and good personal character and conduct, and peer acceptance.
- Each faculty member shall enjoy academic freedom within the purview of institutional policies and other rights and privileges granted by law.
- The academic ranks and their corresponding minimum qualifications, in addition to existing rules and regulations of the institution, specifically, on pedagogic skills, are as follows:
  - Instructor – A licensed Doctor of Medicine or a non-physician graduate of a relevant or related discipline with at least a Master's degree;

- Assistant Professor – At least three (3) years successful tenure as Instructor;
  - Associate Professor – At least three (3) years successful tenure as Assistant Professor or an equivalent training and experience and must be a co-author of at least one publication in a peer reviewed scientific journal;
  - Full Professor – At least three (3) years successful tenure as Associate Professor or an equivalent training and experience, and must have shown outstanding achievement in scholastic and research as evidenced by being author of at least three (3) scientific papers published in a peer reviewed scientific journal or book.
- The appointment of faculty member at any level of the academic ranks may be made without passing through antecedent ranks if warranted/ justified by the applicant's training, productivity including research publications, demonstrated ability, maturity or eminence in the particular field of study without violating existing college/ university regulations.
  - Each department /unit shall have a chairman/ head and a complement of faculty members necessary to effectively implement the curriculum.
  - In schools implementing the innovative curriculum in each section/ unit/ module there shall be a coordinator/ head and a complement of faculty members with the necessary medical background and possessing facilitative skills. They should be concerned with the process of learning.
  - The definition of full-time faculty shall be left to the institution; provided however, that a minimum of twenty (20) hours per week, including administrative functions is regularly rendered. At least one faculty member shall be full-time in each department.

A faculty member who teaches or occupies regular positions as full-time in more than two (2) medical schools shall not be allowed.

- The Dean and Assistant/Associate Dean, shall confine themselves to teaching and performing administrative function in their own medical school.
- Heads of departments/units shall not be allowed to hold administrative positions in any other educational institution although they may be allowed to teach in the latter.

#### **Section 11. Library Resources**

Librarians- The Library shall be administered and operated by qualified, competent librarians assisted by trained support personnel, adequate in number as the curricular programs, and the student population may require. the work assignments of the professional and support staff are commensurate with their qualifications and experience.

Book collection:

- The medical school library shall have journals, textbooks, and other reference materials adequate to meet the curriculum and research needs of its students and faculty.
- Computer based reference systems shall be provided and Internet access shall be made available to students for a minimum of twenty (20) hours per semester.
  - a) Space requirements- the library shall have a seating capacity of at least 10% of students population.

#### **Section 12. Facilities and Equipment**

- a) Classroom requirements - The medical school shall have adequate physical plant and other resources to support it

- various educational activities. It shall have not only classrooms but also laboratories needed for the programs. The laboratories shall have the necessary equipment to support the instructional needs.
- b) Laboratory requirements -It is not necessary that the facilities be hi-tech but they shall be adequate for the students to at least develop competencies for primary patient care and community practice. The facilities shall represent a variety of settings that are similar to the actual place of medical practice. It shall include community -based and ambulatory care facilities as well as in-patient care facility.
- c) Audio-visual equipment - The medical school shall have adequate audio-visual equipment and software. These include film, slide and overhead projectors; film, tapes and CDs, charts, pictures and models. It is desirable for a medical school to have a skills laboratory before the students are exposed to real patients.

### Section 13. Admission and Retention

Students seeking admission to the medical education program must have the following qualifications:

- holder of any baccalaureate degree
- must have taken the National Medical Admission Test (NMAT) and obtained a score above the percentile cut-off set by CHED as recommended by the Technical Committee for Medical Education on a yearly basis. The applicant shall submit the following documents to the medical schools:
  - birth certificate and certificates of good moral character from two (2) professors in college
  - official transcript of records showing completion of a degree course
  - For graduates of private schools, the transcript of records is validated by a Special Order from CHED while graduates of public schools, the diploma or certificates of graduation must be presented.
  - Certified true copy of NMAT score

On the basis of the foregoing documents, the responsibility for and accountability of determining the eligibility of students for admission to the Medical program are hereby transferred to the concerned medical school.

The medical schools shall admit only transfer students with certificate of honorable dismissal.

The Commission through its Technical Committee for Medical Education shall set a freshman quota for each medical school based on its faculty resources and adequacy of teaching facilities available.

#### Section 14. **Instructional Standards**

The medical college shall maintain a high standard of instruction, to ensure the total effectiveness of medical students training for future professional practice.

The teaching-learning activities shall be held in variety of appropriate settings. These shall include adequately lighted, ventilated and equipped classrooms and laboratories, ambulatory care clinics, emergency unit and in-patient facility, and industrial, community and family settings, etc. Overcrowding in the classroom, laboratory and other venues for instruction, needless to say, is not conducive to learning, and must not be allowed. For practicum in the clinical departments and Community and Family Medicine, the setting shall be as similar as possible to actual intended future places of practice.

Teaching method shall utilize up to date techniques. Cases should reflect the health and disease problems of the nation and/or the region of the country where the school is located.

It is essential that there be a continuous study of the curriculum by the faculty and school administration with the introduction of modifications and new methods and materials to take proper cognizance of the advances in medical sciences and medical education including the changing pattern of medical practice.



The system of evaluation shall utilize appropriate methods of assessment of student knowledge, skills and attitude.

The institution shall adopt a systematic plan of evaluation of student progress through the course. It should be consistent and congruent with the educational objectives and instructional methods set by the institution. Methods of formative and summative assessments including clinical examinations shall be developed and validated for this purpose.

Institutional policies shall be made known to the medical students to serve as their guide in preparing for their courses.

The school must implement the major components of its clinical training program in at least a secondary care hospital with a minimum capacity of 100 beds, and accredited by Association of Philippine Medical Colleges for training of medical students and interns.

For every 100 students, there must be at least three (3) specialty-board certified faculty member in each of the four (4) major clinical departments.

For the various teaching-learning activities, the maximum faculty— student ratio is as follows:

Lectures—1:100

Laboratory Sessions—1:25

Small-Group Tutorials (SGD)/preceptorships— 1:10

Clinical materials shall be provided by the out-patient services with a load of at least fifty (50) patients per day and an in-patient services of one (1) occupied hospital bed per clinical clerk (4<sup>th</sup> year student) at any given time.

To provide for more clinical materials, other duly accredited hospitals formally affiliated with the medical school may be utilized. However, the clinical program in such affiliated hospitals must conform with the course objectives set forth

by the medical school. Faculty members or clinical coordinators shall be assigned to supervise the clinical clerks.

In Obstetrics, at least ten (10) maternity cases shall be followed through to delivery by each clinical clerk who must have actual charge of these cases under the supervision of a clinical preceptor.

The medical school shall provide extension services for instruction of medical students in Community Medicine either independently or in cooperation with the Department of Health or other agencies.

The medical school shall provide an adequate number of appropriate teaching facilities and equipment which are necessary to assure the attainment of its educational objectives.

#### **Section 15. Residence and Unit Requirements**

No degree shall be conferred upon a student unless the last two (2) curriculum years of the medicine course was taken in the college which is to confer the degree

Guidelines on pre-requisites shall be made part and parcel of the academic policies of the school. The rules on pre-requisite courses shall be strictly observed by medical institutions. No student shall be permitted to take up any subject until the pre-requisite courses are passed.

No student shall be promoted to the next year level in case of an outstanding deficiency in the current year level. On a case to case basis and at the discretion of the Dean, a student who failed in a major subject may be given additional advanced minor loads, provided that the rules on pre-requisites are strictly observed.

A student who fails in forty percent (40%) or more of the total annual academic load, in hours, at any year level shall be dismissed from the college. A medical student who fails

in the same subject/ course twice at any year level shall be automatically dropped from the rolls.

Medical schools may, however, prescribe a more stringent policy on dismissal due to academic deficiency.

New students shall be accepted only in the first semester of the academic year.

#### Section 16. **Miscellaneous Provisions**

CHED encourages innovation in medical education for relevance.

As provided for in Batas Pambansa 232, otherwise known as the "Education Act of 1982", medical schools must release the diploma, transcript of records and all other credentials upon request of a students within thirty (30) days after completion of all requirements for graduation.

The foregoing requirements/provisions in this "Revised Policies and Standards" shall serve as basis for determining existence of minimum standards which shall justify the issuance of a Certificate of Recognition.

### **ARTICLE VIII DEFINITION OF TERMS**

Section 17. For purposes of clarifications, the following definition of terms are adopted:

**Problem-Based Learning (PBL)** - the learning that results from the process of working toward the understanding of resolution of a **problem**. . The problem is encountered first in the learning process. (Barrows)

**Correlates - teacher** - directed large group sessions usually lectures, laboratory- demonstrations, video presentations, symposia, etc.

**Small Group Tutorials (SGT)** - student directed, problem-based discussion groups.

**Module** - a set of activities with one identified goal within a limited time, such as respiratory module.

#### ARTICLE IX REPEALING CLAUSE

Section 18. This order supersedes all previous issuances concerning Medical Education which maybe inconsistent or contradictory with any of the provisions thereof.

#### ARTICLE X EFFECTIVITY CLAUSE

Section 19. This set of Policies, Standards and Guidelines shall take effect beginning school year 2006-2007.

Pasig City, Philippines March 13, 2006

  
CARLITO S. PUNO  
Chairman